

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90018 032 \*\*\*\*55.00

0067159

**DOCUMENT # L02000014393**

1. Entity Name

**SPECIAL EDITION CAR WASH AND DETAILING CENTER, L  
LC**



Principal Place of Business

**1040 WHITE PINE DRIVE  
CARY IL 60013**

Mailing Address

**1040 WHITE PINE DRIVE  
CARY IL 60013**

2. Principal Place of Business

**13126 N. CLEVELAND AVE**

3. Mailing Address

**13126 N. CLEVELAND AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NORTH FORT MYERS, FLORIDA**

City & State

**NORTH FORT MYERS, FLORIDA**

Zip

**33903**

Country

**USA**

Zip

**33903**

Country

**USA**

4. FEI Number

**75-3066712**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KINNEY, KEVIN  
2014 SW 30TH STREET  
CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X Kevin C. Kinney**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check-Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **CEO-PRESIDENT** ☐ Delete  
NAME **JOHN H. KINNEY JR**  
STREET ADDRESS **1040 White Pine Dr**  
CITY-ST-ZIP **CARY, ILL 60013**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **GM** ☐ Delete  
NAME **KEVIN C. KINNEY**  
STREET ADDRESS **2014 SW 30th Street**  
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~**JOHN KINNEY SR.**~~ ☐ Delete  
NAME ~~**1156 7th PLACE**~~  
STREET ADDRESS ~~**VERO BEACH, FL 32962**~~  
CITY-ST-ZIP

TITLE ~~**JOHN KINNEY SR.**~~ ☐ Change ☒ Addition  
NAME ~~**1156 7th PLACE**~~  
STREET ADDRESS ~~**VERO BEACH, FL 32962**~~  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-3-03**

Date

**847-219-9399**

Daytime Phone #

CR2E083 (10/02)